

## Español en el reverso

### Arizona Department of Economic Security

### Application for Cash Assistance, Food Stamps and AHCCCS Health Insurance

Your application will be used to determine the help for which you may qualify.

In accordance with Federal law and U.S. Department of Agriculture policy, the State of Arizona Department of Economic Security (DES) is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

- **How To Apply**

Be sure to fill in at least your name and address, and sign and date the application. You should fill in as much of the application as you can. The application must be finished before we can decide if you are eligible for benefits.

You may bring, mail, or fax your application to any DES Family Assistance (FAA) or Tribal TANF office.

#### IF YOU NEED ANY OF THE FOLLOWING KINDS OF HELP, PLEASE LET US KNOW

- |                            |                                   |
|----------------------------|-----------------------------------|
| ● Language interpreter     | ● Help in filling out this form   |
| ● Form in alternate format | ● Accommodations for a disability |

- **How Long It May Take To Complete Your Case**

From the date we receive your signed application:

**AHCCCS Health Insurance** within 45 days, or within 20 days if you are pregnant, or within 7 days if you are hospitalized. If you want to apply for AHCCCS Health Insurance answer all questions identified with the letter **"A"**.

**Cash Assistance** within 45 days. If you want to apply for Cash Assistance answer all questions identified with the letter **"C"**.

**Food Stamps** within 30 days, or within 7 days if you have little or no income. If you want to apply for Food Stamps answer all questions identified with the letter **"F"**.

**General Assistance** within 60 days. If you want to apply for General Assistance answer all questions identified with the letter **"G"**.

Note: We may be able to offer expedited assistance to applicants who answer 'yes' to questions regarding disability, pregnancy, or if anyone you are applying for is a migrant seasonal farm worker.

- **Interview For Benefits**

We must complete an interview so we can go over your application.

For Cash Assistance and General Assistance, you must be interviewed.

For Food Stamps and AHCCCS Health Insurance, you may assign a representative to apply for and come in to be interviewed for you. Be sure your representative knows your situation. You will be responsible for any missing or wrong information given by your representative.

- **Proving Your Eligibility**

You may be required to show proof of the information you give us. We will give you a list of things we need. If you need help, let us know and we will help you get this information.

The USDA is an equal opportunity provider and employer • DES is an Equal Opportunity Employer/Program  
DES/TANF Agencies are Equal Opportunity Employers/Programs • This document is available in alternative format by contacting your local office.

- **Social Security Number**

Federal Law requires that a Social Security Number be provided for anyone who is requesting Cash Assistance, Food Stamps, or AHCCCS Health Insurance benefits.

If you or anyone you are applying for does not provide a Social Security Number, the persons who do not provide a Social Security Number will not be eligible for benefits. If you or anyone you are applying for does not have a Social Security Number we will refer you to the Social Security Office to apply for one.

If you are not applying for benefits for yourself, you do not have to give us your Social Security Number. If you do not give us this information, it will not affect the ability of the person applying to get benefits. However, it may reduce the total amount of Food Stamp and Cash Assistance benefits for the person applying.

We will not delay any application because someone does not give us his or her Social Security Number. We will not give any Social Security Numbers to the Immigration and Naturalization Service (INS). [42 U.S.C. § 1320b-7 and 42 U.S.C. § 405(c)(2)(C)].

- **Citizenship and Immigration Status**

Immigration & Naturalization Service (INS) guidelines make it clear that noncitizens **may** receive AHCCCS Health Insurance and Food Stamps without affecting their ability to become lawful permanent residents.

You will need to tell us about the citizenship and immigration status for you, and anyone you are applying for. If you are not applying for benefits for yourself, you do not have to give or tell us your citizenship and immigration status. We will not contact or try to get any information about you or the members of your household from the Immigration and Naturalization Service (INS). If you do not give us this information, it will not affect the ability of the person applying to get benefits. However, it may reduce the total amount of Food Stamp and Cash Assistance benefits for the person applying.

Note: For some noncitizens applying for AHCCCS Health Insurance, a Social Security Number, citizenship or immigration status may not be needed.

- **The information you give us, including Social Security Numbers, may be used:**

- To check identities, verify income and assets, and prevent duplicate benefits.
- To establish and enforce child support and medical support orders.
- To check with other states who have similar programs.
- In computer matching with state and federal agencies and our other programs to verify the above.
- To pursue collection of any overpayment resulting from your receipt of more benefits than you were entitled to receive.
- By federal, state, and local officials and their contractors to monitor compliance regulations and for program management.

The collection of this information, including the Social Security Number of each person you are applying for, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036.

For Food Stamps, the information you give us may be disclosed to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by calling or contacting your case worker.

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY

**ASSISTANCE APPLICATION****PLEASE COMPLETE IN BLUE OR BLACK INK.**

CASE #

Date Stamp

1. I am applying for: ☐ **F** - Food Stamps ☐ **G** -GA/TC ☐ **C** - Cash Assistance/TANF  
☐ **A** - AHCCCS Health Insurance ☐ I do not want AHCCCS Health Insurance

Name (Last, First, Middle)						Maiden name, alias or other name(s) used								
Address (If rural, give directions)														
City				Zip		Phone Number ( )				Message Number ( )				
Mailing Address						City				Zip				
Print the last name, then the first name of <b>everyone</b> that lives with you. Start with yourself.	How are they related to you?	Check (✓) Benefits				Social Security Number (optional for those not applying)	Date of Birth	Sex - M or F	*Race/Ethnicity	Place of Birth (state or country)	Y or N			
		Food Stamps	AHCCCS Health Insurance	Cash/TANF GA/TC	None						US Citizen?	Disabled?	In School?	Shots Current?
	SELF													

\*We ask that you voluntarily tell us your race and ethnic background. This information will not be used to determine your eligibility for benefits.  
Please indicate all that apply: American Indian or Alaska Native (AI), Asian (AS), Black or African American (BL), Native Hawaiian or other Pacific Islander (NH), White (WH), Hispanic/Latino (HI).

- A, C, F, G** 2. ☐ Yes ☐ No If you are currently receiving Food Stamps, Cash Assistance, General Assistance or Medical Assistance, has anything listed above changed since your last interview or reported change? If yes, please explain. \_\_\_\_\_
- A, C, F** 3. ☐ Yes ☐ No Are you, or anyone you are applying for, pregnant? If yes, who? \_\_\_\_\_  
Number of babies expected \_\_\_\_\_ Due date \_\_\_\_\_
- C, F, G** 4. ☐ Yes ☐ No Have you, or anyone you are applying for, received benefits in any other state? If yes, where \_\_\_\_\_ Last received \_\_\_\_\_
- A, F,** 5. ☐ Yes ☐ No Are you able to come into the office for an interview? If no, please explain. \_\_\_\_\_
- F, A** 6. ☐ Yes ☐ No Would you like someone else to complete the interview for you as a representative? If yes, name \_\_\_\_\_ Phone number \_\_\_\_\_
- A, C, F, G** 7. ☐ Yes ☐ No Do you need a special appointment? If yes, please indicate the days and times that are best for you. \_\_\_\_\_
- A** 8. ☐ Yes ☐ No Have you, or anyone you are applying for, moved to Arizona in the past 60 days?
- A, C, F, G** 9. ☐ Yes ☐ No Do you, or anyone you are applying for, own, lease, or maintain a home outside Arizona?
- F** 10. ☐ Yes ☐ No Do you, or anyone you are applying for, receive Tribal Food Distribution?
- A, C, F, G** 11. ☐ Yes ☐ No Do you, and everyone you are applying for, live in a shelter?

**F** 12. ☐ Yes ☐ No Are you, or anyone you are applying for, a Migrant Seasonal Farm Worker?

**A, C** 13. ☐ Yes ☐ No Are both parents of any child(ren) living in the home?

Complete the following for all parents not in the home and/or deceased if you are applying for Cash or Medical Assistance.

Child's Name	Absent Parent Name and Address	Absent Parent Social Security Number	Absent Parent Date of Birth

**A** 14. ☐ Yes ☐ No Were you, or anyone you are applying for, in Arizona's Foster Care or Young Adult Program on your 18<sup>th</sup> birthday? If yes, you may be eligible for AHCCCS Health Insurance.

**A, C, F, G** 15. How much money do you, and everyone you are applying for, have in your pockets, wallet and anywhere else? \$ \_\_\_\_\_

**A, C, F, G** 16. Do you, or anyone you are applying for, own or have their name on any of the following:

☐ Yes ☐ No Bank, checking, savings, credit union accounts, IRA, Keogh, 401K: Total Amount \$ \_\_\_\_\_

☐ Yes ☐ No Stocks, bonds, money market accounts, CDs, trust funds: Value \$ \_\_\_\_\_

☐ Yes ☐ No Real property (land or buildings) anywhere: Value \$ \_\_\_\_\_

☐ Yes ☐ No Vehicles (cars, trucks, boats, RVs, motorcycles, etc.): How many \_\_\_\_\_

☐ Yes ☐ No Other \_\_\_\_\_ Value \$ \_\_\_\_\_

**A, C, F, G** 17. How much money (cash, checks or automatic deposit) have you, and everyone you are applying for, received this month? \$ \_\_\_\_\_ How much does everyone expect to receive this month? \_\_\_\_\_

**A, C, F, G** 18. ☐ Yes ☐ No Do you, or anyone you are applying for, receive or expect to receive money from work? This includes all income, wages, salaries, tips or commissions from any type of work, whether full or part time, temporary, seasonal, self-employment, or training.

Person Working	Employer's name and phone number	Hours Per Week	Hourly Pay	How Often Paid (Weekly, bi-weekly)

**A, C, F, G** 19. Do you or anyone you are applying for receive or expect to receive money from any of the following:

☐ Yes ☐ No Child Support ☐ Yes ☐ No Social Security/SSI ☐ Yes ☐ No Scholarships, grants/loans

☐ Yes ☐ No Disability ☐ Yes ☐ No Retirement/Pension ☐ Yes ☐ No Any government check

☐ Yes ☐ No Tribal Money ☐ Yes ☐ No Unemployment ☐ Yes ☐ No Worker's Comp/Industrial

☐ Yes ☐ No BIA/GA ☐ Yes ☐ No Gifts/Loans ☐ Yes ☐ No Other \_\_\_\_\_

Person Receiving the Money	Source	How Often Received	Amount Received

**A, C, F, G** 20. ☐ Yes ☐ No Do you, or anyone you are applying for, expect to receive money from any other source? If yes, explain \_\_\_\_\_

**A, C, F, G** 21. ☐ Yes ☐ No Does your monthly income, cash and bank account balances cover your monthly rent, mortgage, utilities and child support payments? Rent/Mortgage \$ \_\_\_\_\_ Utilities (gas, electric, etc.) \$ \_\_\_\_\_ and court ordered child support \$ \_\_\_\_\_.

**A, G** 22. ☐ Yes ☐ No Do you, or anyone you are applying for, have any current injury or illness due to an accident or malpractice?

**A, F** 23. ☐ Yes ☐ No Do you, or anyone you are applying for, have or had any medical expenses this month or the month before this application?

**A, C, F** 24. ☐ Yes ☐ No Do you, or anyone you are applying for, pay for the care of a child or disabled adult in order to work, seek work, attend training or school?

**C - Assignment of Support Rights for Cash Assistance:**

Federal law and state law (at A.R.S. §46-407) provide that the legal rights to child support and spousal maintenance must be assigned to the State of Arizona for all persons receiving Cash Assistance. I understand that this means that while I receive, or anyone on my application receives Cash Assistance, the State has the right to keep support or spousal maintenance collections, including collections for support or spousal maintenance that was owed before Cash Assistance was paid. I understand that when I and the persons on my application stop receiving Cash Assistance that the State may still keep certain collections received for support or spousal maintenance that were owed before and during the time I received Cash Assistance. The child support and spousal maintenance collections will be used to pay back the state for Cash Assistance paid to me or anyone on my application.

I also understand that I have a right to claim Good Cause for non-cooperation with Child Support Enforcement if establishing or enforcing support would bring harm to me or any child in my custody. I may claim Good Cause by telling my Cash Assistance or Child Support worker the facts justifying good cause and signing the Claim of Good Cause at any time I am receiving Cash Assistance.

In the event the Department of Economic Security or its agent engages in child support enforcement activities involving me, I understand that the Assistant Attorneys General and Deputy County Attorneys handling the cases represent DES and not me or my child(ren). If my child support case goes to court, I understand that certain personal information contained in this application or my DES records may be released to the court and other party to the case and become a public record document. I also hereby agree to accept service of process by first class mail with regard to any paternity or child support proceeding initiated by DES and its agents.

Signature: \_\_\_\_\_

**A - Assignment of Rights to Other Coverage for Medical Care:**

I understand that if I am or members of my family are approved for AHCCCS benefits, AHCCCS can collect payment from any other parties who may be responsible for paying for my/our health care costs. This includes (1) private or employer-sponsored health insurance (not including Medicare), (2) Persons, such as an absent spouse or parent, who are legally responsible for providing medical support, (3) Private or employer-sponsored disability insurance, (4) Private or employer-sponsored accident insurance, (5) Insurance claims, jury awards, or legal settlements resulting from injuries.

I understand that AHCCCS cannot collect more than the costs paid by AHCCCS. I also understand that I must give information about other responsible parties and take any action needed to receive medical support. This includes establishing paternity of my children, unless I can prove good cause not to do so.

Signature: \_\_\_\_\_

**BY SIGNING THIS APPLICATION:**

- I register certain Cash Assistance or Food Stamp household members for work programs. I understand there may be exceptions. I can talk about this with my worker. I understand these members must look for and accept training and/or a job. If anyone does not or will not work or train, benefits may be reduced or stopped.
- I authorize DES and their contractors to contact my current or past employers to get wage information, financial institutions to get asset and property information and other persons or institutions to get information that relates to my eligibility. You may treat a photocopy or facsimile (FAX) of my signature below as my original signature.
- I state that I have received the "Assistance Programs in Arizona, What You Need to Know" pamphlet, PAF-001. If I have any questions about this pamphlet I can contact my worker.
- I understand that DES and their contractors will verify the alien status of the household members for whom I am applying. The information that DES and their contractors get from the INS may affect these members' eligibility for benefits.
- I understand that I must tell DES and provide proof to receive deductions, when applicable, for the following expenses; child support paid, court ordered child support, child/dependent care expenses, rent or mortgage payments, utility or other shelter costs, and medical expenses.

**STATEMENT OF TRUTH:**

I swear under penalty of perjury that the statements made about persons in my home, income, assets, property and all other information I have given DES and their contractors that relates to my eligibility for benefits is true and correct to the best of my knowledge, and that I have not withheld any information. I swear I have honestly reported my citizenship and the citizenship status for everyone I am applying for.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative/Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agency Use Only**

Signature of DES or TANF Agency employee who helped complete the application \_\_\_\_\_

Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

- You have the right to:
- Talk about your case with your worker or the supervisor if you are not happy with our decision.
  - Be told in writing before your benefits are reduced or stopped.
  - Have the information you gave used only as authorized by law.
  - Ask for a fair hearing, verbally or in writing, for any action or failure to take action by the Department/TANF Agency. For Arizona Works, your request for a hearing must be made in writing.
  - Look at your file before the fair hearing.
  - Bring an attorney or any other person to the fair hearing.
  - Request a claim for Good Cause for not giving us information about an absent parent if giving us the information might put you, your family or anyone you are applying for in danger.

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write or call:

USDA, Director Office of Civil Rights Room 326-W, Whitten Building 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410	Attention: Regional Manager U.S. Department of Health and Human Services Office for Civil Rights/Region IX 50 United Nations Plaza, Room 322 San Francisco, CA 94102
(202) 720-5964 (voice and TDD)	1-800-368-1089 (voice) 1-415-437-8311 (TDD)

**NOTE:** If your child is approved for Cash Assistance or Food Stamps, he/she is eligible for free school breakfast and lunch through the National School Lunch Program. Ask your child’s school about this benefit.

YOUR RESPONSIBILITIES

- Tell us about changes in your household within **10 days** from the time you learn of the change, including, but not limited to:

Address	Pregnancy	Mortgage/Rent
Child/Dependent Care	School Attendance	Employment
Income	Disability	Marital Status
Resources	Who lives with you	Court Ordered Child Support
- Everyone receiving benefits must cooperate with state and federal personnel in the completion of a Quality Control (QC) review of eligibility.
- You are responsible for the use of your Electronic Benefit Transfer Card (EBT) and Personal Identification Number (PIN). Your Food Stamps, Cash Assistance and General Assistance benefits will not be replaced if your account is used with your card or your representative’s card and the proper PIN.
- When you do not access your Food Stamps, Cash Assistance and/or General Assistance benefits that are in your EBT account within a 90-day period, your account becomes stale or aged. You will need to contact your local office to have your account reactivated. If you do not wish to use these benefits, and you have an overpayment, these benefits can be used to pay back any overpayment. Contact the Office of Accounts Receivable and Collections at (602) 252-0024 or 1-800-236-1475.
- If you do not use your Food Stamps, Cash Assistance and/or General Assistance benefits that are in your EBT account within a 365 day period, the benefits will be expunged and you will lose those benefits or the benefits left will be used to pay back any overpayments.
- All adult household members and minor parents who are eligible for Food Stamps, Cash Assistance, or General Assistance must be fingerprint imaged. (*Exceptions may apply.*)

## PENALTIES

If you, your representative or any household member knowingly withholds information or gives false information with the intent to get or continue to get Food Stamps, Cash Assistance, AHCCCS Health Insurance or General Assistance, that person will be subject to criminal prosecution, fines, imprisonment or other penalties provided for by state and federal laws.

If you get Cash Assistance, Food Stamp benefits, or AHCCCS Health Insurance, you must follow the rules for telling us about changes, and the rules below:

- **Do not** make false statements or hide information. This is an Intentional Program Violation (IPV). If you are not truthful, the Department can take back money overpaid to you, and you may be taken to court.
- **Do not** do anything dishonest to get Cash Assistance, Food Stamp or AHCCCS Health Insurance benefits that you are not supposed to get.
- **Do not** give or sell your AHCCCS ID card to anyone.
- **Do not** alter or use someone else's EBT card for your household.
- **Do not** use your Food Stamp benefits to buy non-food items such as alcohol and tobacco.
  
- **If you knowingly break the rules and get Cash Assistance and/or Food Stamp benefits you will be disqualified from receiving Cash Assistance and/or Food Stamp benefits for:**
  - 12 months for the first violation
  - 24 months for the second violation
  - Permanently for the third or any other violations
  
- **The following additional penalties apply to the Food Stamp Program:**
  - An additional disqualification, of up to 18 months, may be ordered by a court.
  - Any participant or family member who commits an Intentional Program Violation (IPV) can be fined up to \$250,000.00, imprisoned up to 20 years, or both.
  - An individual may be subject to further prosecution under federal laws.
  
- **An individual will not be eligible to get Food Stamp or Cash Assistance benefits if the individual is:**
  - Convicted of using or getting Food Stamp benefits in a transaction involving the sale of firearms, ammunition or explosives. This individual can never get Food Stamps again.
  - A fleeing felon, or probation or parole violator.
  - Found guilty of having used or received Food Stamp benefits in the sale of a controlled substance. This individual is not eligible to participate for 2 years for the first violation and permanently for the second violation.
  - An individual who has committed **and** been convicted of federal or state felonies on or after 8/23/96 for possession, use or distribution of illegal drugs. This does not apply to General Assistance applicants.
  - Found to have given false identification or residence information in order to get benefits in more than one case. This individual is not eligible to get benefits for 10 years.
  - Refusing to sign and comply with the Personal Responsibility Agreement (PRA). (For Cash Assistance only)

If you do not cooperate with Child Support Enforcement, your Cash Assistance and Food Stamp benefits may be reduced or stopped. You may also be disqualified from AHCCCS Health Insurance. Your children will **NOT** be disqualified from AHCCCS Health Insurance if you do not cooperate.

You must pay back to the DES/TANF Agency any Food Stamp, Cash Assistance, or General Assistance benefits received for which your household was not eligible. You can make a repayment agreement. If you do not keep your repayment agreement, the State may reduce benefits, federal pay, income tax refunds, or take other legal action.